

# CASA GRANT APPLICATION

For Grant Period May 1, 2014 to April 31, 2015

## Purpose for which Grant Funds May be Used

To support the development, growth and continuation of CASA programs in South Dakota.

## Eligible Recipients

Eligible entities within South Dakota who are:

- recognized by the National CASA Association,
- administer a local/tribal CASA program,
- and the South Dakota CASA Association.

Completed grant application, original signatures, and required attachments received by 5:00 pm central time, **March 19, 2014.**

## Matching Requirements

None

**Non-Fundable Items** *(This list is not intended to be exhaustive. The commission may deem other items ineligible at their discretion.)*

|                                  |                                    |
|----------------------------------|------------------------------------|
| Bad debts                        | Interest and other financial costs |
| Bid and proposal costs           | Lobbying                           |
| Bonuses                          | Major maintenance or repair of     |
| Building, purchase, construction | buildings                          |
| or improvements                  | Medical or dental treatment        |
| Capitol improvements             | Overtime pay                       |
| Contributions and donations      | Pre-award costs                    |
| Entertainment                    | Purchase and repair of vehicles    |
| Fines and penalties              | Recognition banquets               |
| Insurance (health and life on    | Refreshments                       |
| board members)                   | Social activities                  |
|                                  | Tips or gratuities                 |

## Fundable Items

### ***Training:***

In-service  
Out of State  
Registration costs  
Materials  
Mileage/meals  
Videos, etc.

### ***Office:***

Copiers  
Computers  
Telephones/cell phones  
Postage  
PO Box  
VCRs  
Subscriptions  
Cable TV (internet access)

### ***Administration:***

Salaries  
Benefits  
Insurance  
Workers Compensation  
Social Security  
Liability insurance  
Taxes  
Rent  
Accounting/audits  
National CASA Membership  
Advertising  
Plaques/awards

## Requirements and Attachments

1. Grant complete, signed and received by March 19, 2014
2. Cover letter with funding request
3. Proof of National CASA Association membership
4. Copy of annual National CASA Local Program Survey
5. Copy of program by-laws
6. Copy of program board membership
7. Copy of any current memorandums of understanding and/or tribal resolution
8. Copy of current detailed operating budget\*
9. Copy of the last two year's actual income statement and balance sheet\*
10. Copy of financial review or audit report
11. Copy of Internal Controls Policy
12. Copy of IRS form 990 (most recent within past 18 months)
13. Letter of support/recommendation from the judge that uses the CASA program
14. Site visit completed
15. Statistical spreadsheet

*\*If program uses a fiscal agent, the CASA program budget, income statement and balance sheet must be separate from fiscal agency accounts.*

# CASA GRANT APPLICATION FORM

Name of your program:

Project director:

Address:

Phone:

Fax:

Email:

Counties currently served:

Federal Tax ID #

Finance Officer Name and Address:

Board Chair Name and Address:

**1. Briefly describe the program goals for the current fiscal year.**

**2. Briefly describe the program accomplishments for the past year and how CASA Commission funds were used.**

**3. If the program has a strategic plan, briefly describe the goals.**

**4. List staff and their titles.**

**5. What is the program's diversity plan for recruitment and training of staff and volunteers?**

**6. In cases where ICWA applies, how does your program integrate the role of CASA into the case work?**

**7. What efforts has the program made in your community for funding supports?**

**8. Amount of money you are requesting and description of what you are going to do with the grant funds in as much detail as possible.**

| <b>Description</b> | <b>Percent of Budget</b> | <b>Amount</b> |
|--------------------|--------------------------|---------------|
|                    |                          |               |
|                    |                          |               |
|                    |                          |               |

**9. Have you applied for any other grants or do you anticipate receiving income that you have not yet received? If so, please identify.**

**10. Financial Overview: List actual total revenue and expenses of the previous two fiscal years.**

Previous FY 11

## Previous FY12

## Actual Total Revenue

### Actual Total Expenses

### Excess or Deficit

12. By signing below I understand that the money requested must be used as described in this grant application. If anything indicated in this grant application changes I understand that I am required to submit an addendum to this application detailing those changes.

**Executive Director**

Date

## Board Chair

Date